STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING 00 B. WING	03/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

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F000000	This visit was for the Investigation of Complaint IN00125115. Complaint IN00125115-Substantiated.Federal/state deficiencies related to the allegations are cited at F 282 and F312. Survey dates: March 11, and 12, 2013 Facility number: 004945 Provider number: 155756 AIM number: 200814400 Survey team: Christine Fodrea, RN TC Census bed type: SNF: 28 SNF/NF: 100 Total: 128 Census payor type: Medicare: 30 Medicaid: 63 Other: 35 Total: 128 Sample: 3 These deficiencies reflect state findings	F000000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Due to relative low scope and severity of this survey, this facility respectfully requests a desk review in lieu of a post-survey revisit on or after April 5, 2013.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	cited in accordance with 410 IAC 16.2. Quality review completed on March 15, 2013 by Randy Fry RN.			

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F000282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review the facility failed to follow a dentist recommendation for warm salt water rinses to the mouth for 1 of 3 residents reviewed for following oral care recommendations from a dentist in a sample of 3. (Resident #H) Findings include: Resident #H's record was reviewed 3-11-2013 at 2:27 PM. Resident #H's diagnoses included, but were not limited to, Alzheimer's dementia, renal failure, and chronic heart disease. A physician's order dated 11-14-2012 indicated Resident #H was to have salt water rinses to her mouth twice daily for three weeks. A review of the Medication Administration Record (MAR) dated November 2012 and December 2012 indicated the warm salt water rinses had been completed as ordered; and the January 2013 indicated the order had been carried out at 9 AM and at	F000282	**F 282 Services By Qualified Persons/Per Care Plan** It is the practice of this facility to ensure that recommendations initiated by qualified persons are followed for all Residents. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** -The resident is currently receiving saltwater rinses twice a day from the nursing department as ordered from the Dentist. -This procedure is being signed off by the charge nurse to ensure completion. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** · All residents with dental recommendations have the potential to be affected by the alleged deficient practice. · DNS/Designee conducted an audit for all ancillary progress	04/05/2013

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	HS (before bed) on 1-1-2013. The MAR then had completed written across the MAR and there was no further documentation the rinses were done. A physician's progress note dated 1-16-2013 signed by the Doctor of Dental Surgery (DDS) indicated Resident #H had impressions completed, Resident #H's gums were very tender, and removing the impression was difficult. The progress note indicated there was a small hematoma on the left posterior ridge of the gumline. The note then made the recommendation warm salt water rinses should help 2-3 times per day. A physician's order was written 1-16-2013 and signed by initials only for salt water rinses 2-3 times per day prn related to small hematoma on the left posterior ridge. A review of the MAR dated January 2013 indicated the order has been transcribed to the MAR, but there were no initials indicating the salt water rinses had been tried. In an interview on 3-11-2013 at 1:12 PM, LPN #2 indicated physician recommendations should be followed.		notes to ensure recommendations are being followed before 4/5/13. See Exhibit B. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** -Nursing staff will utilize the new electronic medical system option to open and fill out an ASC Appointment/Short Term Transferform. This form will be filled out, printed and sent with the resident on the outside medical appointment. Upon the resident's return, the charge nurse will collect the progress note from the resident. The progress note will then be placed into the 24-hour book for management to review and obtain clarification orders as needed. Care plans and CNA assignment sheets will be updated appropriately. -Management will review the 24-hour book daily. · The Staff Development Coordinator/Designee will in-service the licensed nursing staff on or before 4/5/13 on the ASC Appointment/Short Term Transferform. See Exhibit C. **How the corrective action(s) will be monitored to ensure the**	

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	In an interview on 3-11-2013 at 3:06 PM, LPN #1 indicated she was unsure why the order had been written prn, and she was unable to recall if she had clarified the order. In an interview on 3-12-2013 at 10:32 AM, the Director of Nursing (DON) indicated LPN #1 had clarified the order with the Medical Director. The DON indicated the initials on the 1-16-2013 written physician's order were the initials of the Medical Director's Nurse Practitioner. She further indicated the dentist did not write orders consistently after seeing a resident and the facility had to call the dentist on more than one occasion to remind her to use the physician's order form. The DON indicated calling the Medical Director should have been an acceptable substitute for clarifying the order with the dentist. A physician's progress note dated 2-12-2013 signed by the DDS recommended for Resident #H to have warm salt water rinses twice daily and help with brushing. A review of the MAR dated February 2013 indicated warm salt water rinses and help with brushing had been initiated on 2-13-2013.		**deficient practice will not recur, i.e., what quality assurance program will be put into place:** · A CQI monitoring tool, Dental Services, will be completed weekly x 4 weeks, then monthly x 3 months and quarterly thereafter for at least 6 months and discussed with IDT. See Exhibit A. · Data will be collected by DNS/Designee and submitted to the CQI committee. If threshold of 100% is not met, an action plan will be developed. · Non-compliance with facility procedure may result in disciplinary action up to and including termination. **Completion date:** April 5, 2013	

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	This Federal tag relates to complaint IN 00125115. 3.1-35(g)(2)			

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F000312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review the facility failed to provide oral care for 2 of 3 residents reviewed for oral care in a sample of 3. (Resident #H, Resident #J) Findings include: 1. Resident #H's record was reviewed 3-11-2013 at 2:27 PM. Resident #H's diagnoses included, but were not limited to, Alzheimer's dementia, renal failure, and chronic heart disease. The record indicated resident #H had been admitted to the facility on 2-17-2012. During an observation on 3-11-2013 at 2:15 PM, Resident #H was observed to have clean teeth and no mouth odor. A review of a physician's surgical note dated 11-26-2012 indicated Resident #H had calculus on the buccal and lingual aspects of her teeth and the oral hygiene was absolutely atrocious.	F000312	**F 312 ADL Care provided for Dependent Residents** It is the practice of this facility to ensure that proper and appropriate ADL Care is provided to all residents necessary to maintain good nutrition, grooming and personal and oral hygiene. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** -Resident H is currently receiving comprehensive oral health care and saltwater rinses twice a day from the nursing department as ordered from the Dentist. -This procedure is being signed off by the charge nurse to ensure completion. -Resident J is care planned for refusal of personal hygiene. Staff will be educated before 4/5/13 on how to successfully re-approach the resident to ensure oral care is completed. There will be notification of family and Physician when applicable for refusal of comprehensive oral	04/05/2013

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	The note further indicated the surgeon was uncertain about protocol at the health facility, but it did not appear that Resident #H was getting any oral healthcare at all. In a confidential interview on 3-11-2013 at 11:36 AM, the interviewee indicated Resident #H had not had any oral hygiene during the period prior to the surgical note, and the interviewee was certain oral hygiene was a basic service to be performed by the facility. In an interview on 3-11-2013 at 2:10 PM, LPN #2 indicated Resident #H was able to do her own oral care and the staff did not even realize she wore dentures until the daughter told them. The dentist then looked at Resident #H's mouth and recommended oral surgery. LPN#2 additionally indicated the staff probably should have helped her brush her teeth more. 2. Resident #J's record was reviewed 3-12-2013 at 10:45 AM. Resident #J's diagnoses included, but were not limited to, high blood pressure, dementia, and anemia. During an observation on 3-11-2013 at 10:45 AM, Resident #J was observed in the dining room eating a		health care. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** · All residents have the potential to be affected by the alleged deficient practice. -Management will conduct a house audit before 4/5/13 to ensure oral care is being completely as well as identify residents that refuse oral care. Findings will be care planned and added to the CNA assignment sheet. If the resident refuses routinely, social services/designee will create a behavior Monitor Flow-sheet with successful interventions. There will be notification of family and Physician when appropriate. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** -Nurse Managers will conduct rounds on first and second shift to ensure oral care is being provided to residents daily. · The Staff Development Coordinator/Designee will in-service the licensed nursing	

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	snack. Resident #J was smiling and conversing with other residents and staff. Her teeth were observed to have plaque buildup along the gum line and a white film was noted in her mouth. During an observation on 3-12-2013 at 11:04 AM, Resident #J was observed in the Resident Lounge area conversing with staff and engaged in a guessing activity. Resident #J was observed to have a white film in her mouth and around her teeth. In an interview on 3-12-2013 at 11:06 AM, CNA #3 indicated oral care was to be given twice daily, once in the morning after breakfast and once prior to bed time in the evening. CNA #3 indicated Resident #J was not cooperative with care, and so oral care had not been completed for her. A review of Resident #J's care plan indicated staff were to assist her to complete mouth care, but did not indicate Resident #J was uncooperative or resistive to mouth care. A review of progress notes did not indicate Resident #J had been resistive to or uncooperative with		staff on or before 4/5/13 on oral hygiene and re-approach techniques. See Exhibit C. · The DNS is responsible to oversee compliance. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** · A CQI monitoring tool, Dental Services, will be completed weekly x 4 weeks, then monthly x 3 months and quarterly thereafter for at least 6 months and discussed with IDT. See Exhibit A. · Data will be collected by DNS/Designee and submitted to the CQI committee. If threshold of 100% is not met, an action plan will be developed. · Non-compliance with facility procedure may result in disciplinary action up to and including termination. **Completion date:** April 5, 2013	

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	mouth care nor did the notes indicate an alternative measure to complete mouth care had been attempted. This Federal tag relates to complaint IN 00125115. 3.1-38(a)(3)(C)			